FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

200 NOTICE OF SALE OF SECURITIES PÚRSUANT TO REGULATION D, SECTION 4(6), AND/OR MFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.....16.00

SEC U	SE ONLY
Prefix	Serial
DATE	RECEIVED
1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Prospect/Beacon, LLC	1262250
Filing Under (Check box(es) that apply): Rule 504 [A Rule 505 Rule 506 Section 4(6)	T ULOE
Type of Filing: New Filing Amendment	D 2222
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Prospect/Beacon, LLC	
Address of Executive Offices CAO Prospect CT Properties, LLC, 58 Fairfield Rd 06830	Teleph 03030283 (203) 869=7616
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Acquisition, development, and sale of real property	
Type of Business Organization corporation	lease specify): limited liability comp
Month Year	PROCESSI
Actual or Estimated Date of Incorporation or Organization: 12 02 X Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	✓ <u></u> ∧ x none
GENERAL INSTRUCTIONS	MOCHON
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	FINANCIAL or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplement be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for su ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex	
appropriate federal notice will not result in a loss of an available state exemption unle	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

filing of a federal notice.

2. Enter the information re	equested for the fo	eria ing kababahan salah ing kababahan salah	ish imposing resing		
	-	suer has been organized w	ithin the past five years:		
		_	-	of, 10% or more o	f a class of equity securities of theissue
		f corporate issuers and of			
		f partnership issuers.	, , , , , , , , , , , , , , , , , , , ,		· F
			F1 n o		
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i PCP/Beacon Ma		T.T.C			
Business or Residence Addre			ide)		
58 Fairfield					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		·····
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co-	de)		
		- · · ·			•
	(Use blan	nk sheet, or copy and use a	additional copies of this sh	neet, as necessary)	

6						ni aktyr ul	ico soci	argin se	POLICE CONTRACTOR			n en	
	••					11 4	114	, ,	.1. 00			Yes	No
l.	Has the	issuer sole	i, or does to							-	***************************************		[3]
•	7776 - A !	. 41	!			Appendix	-					2!	5,000
2.	whatis	the minim	ium invesui	ient that w	in de acce	pted from	any maivic		**************	•••••••••	***************************************	Ψ—— Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?	•••••		***********	••••••	•••••		No □
4.											lirectly, any		
											the offering with a state		
	or states	s, list the na	ame of the b	roker or d	ealer. If me	ore than fiv	e (5) persoi	ns to be list	ted are asso		sons of such		
Ful			you may s		e informati	on for that	broker or	dealer only	· · · · · · · · · · · · · · · · · · ·				
	i ivanio (cast name	11156, 11 1114	·									
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Cip Code)						
Nar	ne of Ass	sociated Bi	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						· · · · · · · · · · · · · · · · · · ·
	(Check	"All States	or check	individual	States)							☐ Al	1 States
	AL	[AK]	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
		IN	IA	[KS]	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if indi	vidual)									· · · · · · · · · · · · · · · · · · ·
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				***************************************		***************************************	□ AI	1 States
	AL	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	اتتا
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	\overline{WY}	PR
Ful	l Name (Last name	first, if indi	vidual)	· · · · · · · · · · · · · · · · · · ·								
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	ne of Ass	sociated Br	oker or De	aler				,		···			*
Sta			Listed Has										
	(Check	"All States	or check	individual	States)		***************************************	***************	****************	•••••••••	****************	☐ All	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL I	IN	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check				
	this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.	Aggregate		A.	mount Already
	Type of Security	Offering Price	;		Sold
	Debt	0		\$	0
	Equity		_	\$ \$	Ö
	Common Preferred			_	
	Convertible Securities (including warrants)	0		\$	0
	Partnership Interests	0	_	\$	0
	Other (Specify Membership Interests		10	\$	0
	Total			\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregata
		Number Investors			Aggregate follar Amount of Purchases
	Accredited Investors		-	\$_	00
	Non-accredited Investors	0	_	\$_	0
	Total (for filings under Rule 504 only)	···	_	\$_	<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.				*1*
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of		D	ollar Amount
	Type of Offering	Security 0			Solq
	Rule 505	···	-	\$_	
	Regulation A		-	\$_	0
	Rule 504	0	-	\$_	Q
	Total	0	-	\$_	0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees]	\$	0
	Printing and Engraving Costs]	\$	Ó
	Legal Fees	<u>}</u>	5	\$	20,000
	Accounting Fees	-	_	\$_	0
	Engineering Fees		_	\$	0
	Sales Commissions (specify finders' fees separately)	-	- 7	\$	0
	Other Expenses (identify)	_	ر ٦	\$	0
	Total	_	_		20.000

۷ar	me of Signer (Print or Type)	Title of Signer (Prise or Type) Managing Director		
	rospect/Beacon, LLC	La BLM	= ']	27, 2003
igi he.	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer information furnished by the issuer to any not user (Print or Type)	to furnish to the U.S. Securities and Exchang	ge Commission, upon wri (b)(2) of Rule 502.	-
2		HASS OF FEDERALISIGNATURES		
	Total Payments Listed (column totals added))	்	2,780,000
	Column Totals		<u>3\$70,000</u>	X\$ 2,710,00
				s
	Other (specify):		S	
	Working capital			
	Repayment of indebtedness		S	s
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another	ss	
	Construction or leasing of plant buildings an	d facilities		
	Purchase, rental or leasing and installation o and equipment	f machinery	S	[s
	Purchase of real estate			
	Salaries and fees		Payments to Officers, Directors, & Affiliates	k Payments to Others
	Indicate below the amount of the adjusted gro each of the purposes shown. If the amount f check the box to the left of the estimate. The to proceeds to the issuer set forth in response to	for any purpose is not known, furnish an estocated of the payments listed must equal the adju	imate and isted gross	
	b. Enter the difference between the aggregate and total expenses furnished in response to Part proceeds to the issuer."	C — Question 4.a. This difference is the "adju	rated gross	s_2,780,000

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

2.10			LUSSING BELEVIEW BY
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?		7.7
	See	Appendix, Column 5, for state response.	·
2.	The undersigned issuer hereby undertakes to fi D (17 CFR 239.500) at such times as require	•	n which this notice is filed a notice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon wri	tten request, information furnished by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establish	ate in which this notice is filed and understan	ds that the issuer claiming the availability
	er has read this notification and knows the conte horized person.	nts to be true and has duly caused this notice to	b be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature By: PCP/Beacon	Date
Pros	pect/Beacon, LLC	han B Lill	August 27, 2003
Name (Print or Type)	Title (Print or Type)	

Managing Director

Instruction:

Lance B. Lundberg

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					erania (S.)				
1	Intend to non-a investor	1 to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR							·		
CA		,							
СО									
СТ		Х	LLC Interests \$2,800,000	0	0	0	00		X -
DE									
DC									
FL									
GA		Х	LLC Interests \$2,800,000	0	. 0	0	0		Х.
ні									
ID									
IL									
IN									
IA			,						
KS									
KY									
LA						1-1-1-1			
ME									
MD									
MA							·		
MI								,	
MN									
MS									

					CAMA				A (Televis A) – st Alexandria (Televis	
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
мо										
MT										
NE										
NV										
NH	_									
ŊJ		Х	LLC Interests \$2,800,000	0	0	0	0		Х	
NM										
NY		X	LLC Interests \$2,800,000	0	0	0	0		Х	
NC										
ND										
ОН										
OK										
OR										
PA								-		
RI				···						
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI					,					

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1	to non-a	i to sell accredited as in State	Type of security and aggregate offering price offered in state	4 Type of investor and amount purchased in State					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
	(Part B	I-Item 1)	(Part C-Item 1)	Number of	(Part C-Item 2)				-Item 1)	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
WY										
PR										